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Provide the Hospital Owner and Year of Report per Section 130061(e)

| Facility Number: | 11164 | |
|----------------------|---|---|
| Facility Name: | Los Robles Regional Medical Center | |
| Address: | 215 West Janss Road | |
| City: | Thousand Oaks | |
| | | _ |
| Hospital Owner/Lice | ensee: Los Robles Hospital & Medical Center | |
| Year of Rep | porting: 2010 | |
| Contact 1 e-mail Ad | ddress: | |
| Contact 2 e-mail Ad | ddress: | |
| Contact 3 e-mail Add | dress:: | |
| Name of Sub | omitter: Patrick Smith | |
| Submission | n Date: 1/25/2011 3:00:00 PM | |

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

| Bldg. No. | Building Name | Alternate Building Address | Building Resolution | Final SPC Rating If Required | Extension Date | Anticipated Completion Date |
|--------------|------------------------------|----------------------------|------------------------|---------------------------------|-------------------|-----------------------------|
| 01 | North Wing / Central Core | 215 West Janss Road | Retrofit | SPC2 | 01/01/2015 | 01/01/2015 |
| 02 | South Wing | 215 West Janss Road | Retrofit | SPC2 | 01/01/2015 | 01/01/2015 |

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

| Building No: 01 North Wing / Central Core | Retrofit/Replacement Hazus-Submitted Project: |
|--|---|
| Facility Project Sub Scope Number Number Num | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Revie |
| 1164 HS100033 0 | 01/07/2010 OPEN No |
| | |
| Building No: 02 South Wing | Retrofit/Replacement Hazus-Submitted Project: |
| Building No: 02 South Wing Facility Project Sub Scope Number Num | |

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

| Building Number: 0° | l Build | ing Name: North Wing / Central Core | | 7 | | | | |
|------------------------------|-------------------|-------------------------------------|--------------------------------|---------------------------|--|--|--|--|
| Type of Service Provided | | | | | | | | |
| X Nursing | Inpatient Beds | 45 Inpatient 5547 Days | Surgical | Obstetrical Recovery | | | | |
| X IntensiveCare | Inpatient Beds | 12 Inpatient Days 2556 | Anesthesia | X Newborn/ WellBaby | | | | |
| X Pediatric/Adol escent | Inpatient Beds | 9 Inpatient Days 768 | Clinical Lab | Emergency | | | | |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ [maging | Nuclear Medicine | | | | |
| X Obstetrical Ante/Postprtum | Inpatient Beds | 29 Inpatient Days 4514 | X Pharmaceutical X Dietetic | Rehabilitation Therapy | | | | |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | X Administration | X Renal Dialysis | | | | |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | X Support Services Obstetrical | Outpatient Surgery | | | | |
| | | Total Beds this 95 Building | Cesarean/Deliv | Central Plant | | | | |

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

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| Building Number: 02 Building Name: South Wing | | | | | | | | | |
|---|-------------------|-----------------------------|-----------------------------------|-----------------------------|--|--|--|--|--|
| Type of Service Provided | | | | | | | | | |
| X Nursing | Inpatient Beds | 49 Inpatient 6921 Days | X Surgical | X Obstetrical Recovery | | | | | |
| IntensiveCare | Inpatient Beds | 0 Inpatient Days 0 | X Anesthesia | X Newborn/ WellBaby | | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency | | | | | |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | X Radiological/ Imaging | X Nuclear Medicine | | | | | |
| X Obstetrical Ante/Postprtum | Inpatient Beds | 11 Inpatient Days 1129 | Pharmaceutical Dietetic | X Rehabilitation Therapy | | | | | |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | Administration | X Renal Dialysis | | | | | |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | X Support Services X Obstetrical | X Outpatient Surgery | | | | | |
| | | Total Beds this Building 60 | Cesarean/Deliv | X Central Plant | | | | | |

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

| Building Number: | 01 | Building Name: Nort | h Wing / Central Core | | |
|---------------------|------------------------|-------------------------------|------------------------|---|--|
| Medical / Surgical | (Include GYN) | Acute Respiratory | Care | Acute Psychiatric | |
| Inpatient 45 Bed | Inpatient 5547 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse | Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 29 Bed | Inpatient 4514 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care New Nursery | wborn | Intermediate Card | |
| Inpatient 9 Bed | Inpatient 768 Days | Inpatient 12 Bed | Inpatient 2556 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / developr Disabled | ment |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | 95 | 95 |

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

| Building Number: | 02 | Building Name: | South Wing | | |
|---------------------|------------------------|--------------------------|--------------------|-----------------------------------|--|
| Medical / Surgical | (Include GYN) | Acute Respir | atory Care | Acute Psychiatric | |
| Inpatient 49 Bed | Inpatient 6921 Days | Inpatient Bed | 0 Inpatient 0 Days | | Inpatient 0 Days |
| Perinatal (excluse | Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 11 Bed | Inpatient 1129 Days | Inpatient Bed | 0 Inpatient 0 Days | | Inpatient 0 Days |
| Pediatric | | intensive Car Nursery | e Newborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | | Inpatient 0 Days |
| Intensive Care | | Rehabilitatior Center | 1 | Int. Care / developme Disabled | ent |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | Building Per | Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | 60 | 60 |

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

| Building Number | Building Name | Building to be Removed |
|--------------------|-------------------------------|---------------------------|
| 01 | North Wing / Central Core | |
| 02 | South Wing | $\overline{\sqcap}$ |
| 03 | West Wing | $\overline{\sqcap}$ |
| 04 | New South Wing | $\overline{\sqcap}$ |
| 05 | Emergency Generator Shed | $\overline{\sqcap}$ |
| 06 | Emergency Department Addition | |
| 07 | ICU/CCU | $\overline{\square}$ |
| | | |

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

| Building Number: | 01 Buildin | g Name: No | orth Wing / Central Co | ore | | |
|------------------|-------------------------------|------------|--------------------------|------------------------|---|-----------------------|
| Type of Service | e Provided | | Surgical | Obstetrical | | Rehabilitation |
| X | Nursing | | Anesthesia | Cesarean/Deliv | | Therapy |
| X | IntensiveCare | | , | X Obstetrical Recovery | X | Renal Dialysis |
| X | Pediatric/Adol escent | | Clinical Lab | X Newborn/ | | Outpatient Surgery |
| | Psychiatric | | Radiological/ Imaging | WellBaby | | |
| _ | Nursing | X | Pharmaceutical | Emergency | | Central Plant |
| X | Obstetrical Ante/Postprtum | X | Dietetic | Nuclear Medicine | X | Support Services |
| | Intermediate Care | X | Administration | | | |
| | Skilled Nursing | | | | | |

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

| Building Number: | 02 | Building Name: | South Wing | | | | |
|------------------|-------------------------------|----------------|--------------------------|-----|-------------------------------|---|---------------------------|
| Type of Servic | e Provided | X | Surgical | 1 1 | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy |
| X | Nursing | X | Anesthesia | | Obstetrical | X | Renal Dialysis |
| | IntensiveCare Pediatric/Adol | | Clinical Lab | | Recovery | | - |
| | escent | X | Radiological/ Imaging | | Newborn/ WellBaby | X | Outpatient Surgery |
| | Psychiatric Nursing | | Pharmaceutical | | Emergency | X | Central Plant |
| X | Obstetrical Ante/Postprtum | | Dietetic | | Nuclear Medicine | X | Support Services |
| | Intermediate Care | | Administration | | | | |
| | Skilled Nursing | | | | | | |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number | Building Number: 01 Building Name: North Wing / Central Core | | | | | | | |
|--------------------------|--|-------------|--------------------------|---|-------------------------------|---|---------------------------|--|
| Configuration . | Replace with new | SPC 5 and N | NPC 4 or NPC 5 building | g | | | | |
| Type of Service Provided | | | | | | | | |
| X | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | |
| X | IntensiveCare | | Anesthesia | X | Obstetrical | X | Renal Dialysis | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | X | Newborn/ WellBaby | | Outpatient Surgery | |
| | Obstetrical Ante/Postprtum | X | Pharmaceutical | | - Francisco | | Central Plant | |
| | Intermediate | X | Dietetic | | Emergency | | Central Plant | |
| | Care | X | A desiminatoration | | Nuclear Medicine | X | Support Services | |
| | Skilled Nursing | | Administration | | | | | |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Numbe | er: 02 | Building Na | me: South Wing | | | | |
|--------------------------|-------------------------------|-------------|--------------------------|----|-------------------------------|---------|---------------------------|
| Configuration . | Replace with new | SPC 5 and N | NPC 4 or NPC 5 buildir | ng | | | |
| Type of Service Provided | | | | | | | |
| X | Nursing | X | Surgical | X | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy |
| | IntensiveCare | X | Anesthesia | X | Obstetrical | X | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | X | Radiological/ Imaging | X | Newborn/ WellBaby | X | Outpatient Surgery |
| X | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | X | Central Plant |
| | Intermediate | | Dietetic | _ | | <u></u> | Community in the second |
| | Care Skilled Nursing | | Administration | X | Nuclear Medicine | X | Support Services |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number: | : 03 | Building Na | me: West Wing | | | | |
|------------------|-------------------------------|---------------|--------------------------|---|-------------------------------|---|---------------------------|
| Configuration: | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | | |
| Type of Servi | ce Provided | | | | | | |
| 1 | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | ntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| 1 1 | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | X | Emergency | | Central Plant |
| | ntermediate | | Dietetic | | | | |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | X | Support Services |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number | T: 04 | Building Na | me: New South Wii | ng | | | |
|-----------------|-------------------------------|---------------|--------------------------|----|-------------------------------|----|---------------------------|
| Configuration: | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | | |
| Type of Servi | ice Provided | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X | IntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol escent | X | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | F | ₩. | Octobel Plant |
| | · | | Dietetic | | Emergency | X | Central Plant |
| | Intermediate Care | | | | Nuclear Medicine | X | Support Services |
| | Skilled Nursing | | Administration | | | | |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number | Building Number: 05 Building Name: Emergency Generator Shed | | | | | | | | | | |
|-----------------|---|---------------|--------------------------|--|-------------------------------|---|---------------------------|--|--|--|--|
| Configuration: | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | | | | | | |
| Type of Serv | ice Provided | | | | | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | |
| | IntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis | | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | |
| 1 1 | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | X | Central Plant | | | | |
| | Intermediate Care | | Dietetic | | Nuclear Medicine | | Support | | | | |
| | Skilled Nursing | | Administration | | inucleal intericifie | | Services | | | | |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number | : 06 | Building Nar | me: Emergency Depa | artment Ad | ddition | |
|-----------------|-------------------------------|---------------|--------------------------|------------|-------------------------------|---------------------------|
| Configuration : | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | |
| Type of Servi | ce Provided | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| | IntensiveCare | | Anesthesia | | Obstetrical | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | |
| | Psychiatric Nursing | X | Radiological/ Imaging | | Newborn/ WellBaby | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | X | Emergency | Central Plant |
| | Intermediate | | Dietetic | | | |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | Support Services |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number | r: 07 | Building Na | me: ICU/CCU | | |
|-----------------|-------------------------------|---------------|--------------------------|-------------------------------|---------------------------|
| Configuration : | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | |
| Type of Servi | ice Provided | | | | |
| | Nursing | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| X | IntensiveCare | | Anesthesia | Obstetrical | Renal Dialysis |
| 1 1 | Pediatric/Adol escent | | Clinical Lab | Recovery | |
| | Psychiatric Nursing | | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | Emergency | Central Plant |
| | Intermediate | | Dietetic | | 22 |
| | Care Skilled Nursing | | Administration | Nuclear Medicine | Support Services |

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

| Buildii | | | | | | | | | | | |
|---------|-------------------------------|-------------------|---|---|--------------------------|----------------------------|------------------------|--|--|--|--|
| Туре | Type of Service Provided | | | | | | | | | | |
| | Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | |
| | IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Renal Dialysis | | | | |
| | Psychiatric Nursing | Inpatient Beds | 0 | X | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | |
| | Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | X Emergency | Central Plant | | | | |
| | Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | X Support Services | | | | |
| | Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | | | |
| | Total Beds this Building | | 0 | | | | | | | | |

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

| Build | ing Number: 04 | | | | | | |
|-------|-------------------------------|-------------------|----|---|--------------------------|----------------------------|------------------------|
| Тур | e of Service Prov | <u>rided</u> | | | | | |
| | Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| X | IntensiveCare | Inpatient Beds | 20 | | Anesthesia | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | X | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| | Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | X Central Plant |
| | Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | X Support Services |
| | Skilled Nursing | Inpatient Beds | 0 | | Administration | | |
| | Total Beds this Building | | 20 | | | | |

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

| Building Number: 05 Building Name: Emergency Generator Shed | | | | | | | | | | | | |
|---|-------------------------------|-------------------|---|--|--------------------------|----------------------------|------------------------|--|--|--|--|--|
| Тур | Type of Service Provided | | | | | | | | | | | |
| | Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | |
| | IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | | | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Renal Dialysis | | | | | |
| | Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | | |
| | Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | X Central Plant | | | | | |
| | Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | Support Services | | | | | |
| | Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | | | | |
| | Total Beds this Building | | 0 | | | | | | | | | |

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

| Buildir | Building Number: 06 Building Name: Emergency Department Addition | | | | | | | | | | | |
|---------|--|-------------------|---|---|--------------------------|----------------------------|------------------------|--|--|--|--|--|
| Type | Type of Service Provided | | | | | | | | | | | |
| | Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | |
| | IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | | | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Renal Dialysis | | | | | |
| | Psychiatric Nursing | Inpatient Beds | 0 | X | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | | |
| | Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | X Emergency | Central Plant | | | | | |
| | Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | Support Services | | | | | |
| | Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | | | | |
| | Total Beds this Building | | 0 | | | | | | | | | |

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

| Buildi | | | | | | |
|--------|-------------------------------|-------------------|----|--------------------------|----------------------------|------------------------|
| Тур | e of Service Prov | <u>rided</u> | | | | |
| | Nursing | Inpatient Beds | 0 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| X | IntensiveCare | Inpatient Beds | 10 | Anesthesia | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| | Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmaceutical | Emergency | Central Plant |
| | Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | Support Services |
| | Skilled Nursing | Inpatient Beds | 0 | Administration | | |
| | Total Beds this Building | | 10 | | | |

Report Status: **Data Last Update:** 10/29/2010 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM

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| Building Number: | 03 Bu | uilding Name: Wes | t Wing | | | |
|------------------------|---------------------|-------------------------------|---------------------|--|--|--|
| Medical / Surgical (Ir | clude GYN) | Acute Respiratory | Care | Acute Psychiatric | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Perinatal (excluse No | ewborn / GYN) | Burn | | Skilled Nursing | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | | |
| Pediatric | | intensive Care New Nursery | wborn | Intermediate Card | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | | |
| Intensive Care | | Rehabilitation Center | | Int. Care / development Disabled | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | | |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit Building Per Service | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | 0 0 | | |

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| Building Number: | 04 Build | ling Name: New | South Wing | | | | |
|------------------------|------------------------|--------------------------|---------------------|---|--|--|--|
| Medical / Surgical (Ir | nclude GYN) | Acute Respiratory | Care | Acute Psychiatric | Acute Psychiatric | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | |
| Perinatal (excluse No | ewborn / GYN) | Burn | | Skilled Nursing | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | |
| Pediatric | | intensive Care New | wborn | Intermediate Card | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | |
| Intensive Care | | Rehabilitation Center | | Int. Care / developr Disabled | nent | | |
| Inpatient 20 Bed | Inpatient 5990 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | 20 | 20 | | |

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| Building Number: | 05 Build | ling Name: Emerge | ency Generator Shed | | |
|-----------------------------------|---------------------|-----------------------------------|---------------------|---|--|
| Medical / Surgical (Include GYN) | | Acute Respiratory Care | | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | | npatient 0 Days | Inpatient 0 | Inpatient 0 Days |
| Perinatal (excluse Newborn / GYN) | | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | | npatient 0 Days | Inpatient 0 | Inpatient 0 Days |
| Pediatric | | intensive Care Newborn Nursery | | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | | npatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / development Disabled | |
| Inpatient 0 Bed | Inpatient 0 Days | | npatient 0 | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient 0 Days | | npatient 0 | 0 | 0 |

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| Building Number: | 06 Build | Building Name: Emergency Department Addition | | | |
|-----------------------------------|---------------------|--|--|---|--|
| Medical / Surgical (Include GYN) | | Acute Respiratory Care | | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpat Bed Days | | Inpatient 0 | Inpatient 0 Days |
| Perinatal (excluse Newborn / GYN) | | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpat Bed Days | | Inpatient 0 | Inpatient 0 Days |
| Pediatric | | intensive Care Newborn Nursery | | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpat Bed Days | | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / development Disabled | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpat Bed Days | | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpat Bed Days | | 0 | 0 |

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| Building Number: | 7 Build | ing Name: | CCU | | |
|-----------------------------------|------------------------|-----------------------------------|---------------------|---|--|
| Medical / Surgical (Include GYN) | | Acute Respiratory Care | | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse Newborn / GYN) | | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care Newborn Nursery | | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / development Disabled | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 10 Bed | Inpatient 2828 Days | Inpatient 0 Bed | Inpatient 0 Days | 10 | 10 |